

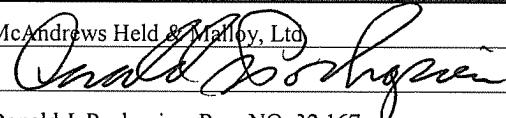
Under the Paperwork Reduction act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	09/782,594
		Filing Date	February 12, 2001
		First Named Inventor	Bianchi, John R., et al.
		Art Unit	3738
		Examiner Name	Paul B. Prebilic
Total Number of Pages in This Submission	50	Attorney Docket Number	RTI 112R /1915-13980US02

ENCLOSURES (check all that apply)

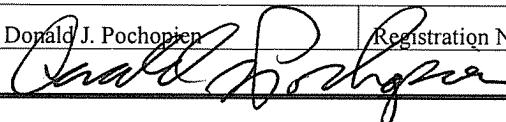
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment And Response Under 37 CFR §1.111	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

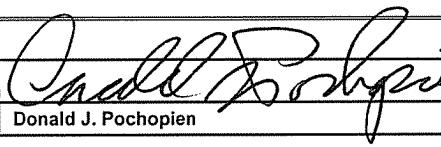
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Donald J. Pochopien, Reg. NO. 32,167		
Date	August 25, 2006		

CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being sent via electronic filing to Commissioner For Patents, Mail Stop Amendment, on August 25, 2006.

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature			
	Date	August 25, 2006	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006		Complete if Known					
		Application Number	09/782,594				
		Filing Date	February 12, 2001				
		First Named Inventor	Bianchi, John R., et al.				
		Examiner Name	Paul B. Prebilic				
		Art Unit	3738				
TOTAL AMOUNT OF PAYMENT	(\$)	1020.00	Attorney Docket No.	RTI 112R /1915-13980US02			
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u>		Deposit Account Name: <u>McAndrews Held & Malloy</u>					
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below		<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)		<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fees Paid(\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) <u>50</u> <u>25</u>							
Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u>							
Multiple dependent claims <u>360</u> <u>180</u>							
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims		
-20 or HP		<u>x</u>	<u>=</u>	<u>_____</u>	Fee	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	<u>_____</u>		
-3 or HP		<u>x</u>	<u>=</u>	<u>_____</u>	<u>_____</u>		
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee(\$)	Fee Paid(\$)	
-100		/50	(round up to a whole number)		x	<u>_____</u>	<u>=</u>
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) <u>_____</u>							
Other (e.g., late filing surcharge): <u>Petition for 3 month extension of time</u> <u>1020.00</u>							
SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000	
Name (print/type)	Donald J. Pochopien		Date	August 25, 2006			